

COMMUNICATIONS AND ALLIED INDUSTRIES PENSION FUND

PENSIONERS PERSONAL DETAILS UPDATE FORM

CAI Pension Number: _____ Reference Number: _____

Surname: _____ First Name: _____

Date of Birth: _____ ID Number: _____

Marital Status: _____ Date of Marriage: _____

(Submit marriage certificate / Affidavit if not submitted)

Residential

Address: _____

Email Address: _____ Cell No: _____ Telephone No _____

DETAILS OF SPOUSE

Surname: _____ First Name: _____

ID Number: _____ Email Address: _____

Cell No: _____ Telephone No _____

NEXT OF KIN

Name: _____ Relationship to Member _____

Residential Address *(Must be different from Pensioner's)* _____

Id Number _____ Email _____ Mobile Number _____

Telephone Number _____

NAMES AND ADDRESSES OF TWO OTHER RELATIVES WHO DO NOT LIVE WITH YOU

1.) Name _____ Relationship To Member _____

Residential Address *(Must be different from Pensioner's)* _____

ID Number _____ Email _____ Mobile Number _____

Telephone Number _____

2.) Name _____ Relationship To Member _____

Residential Address *(Must be different from Pensioner's)* _____

ID Number _____ Email _____ Mobile Number _____

Telephone Number _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

SIGNATURE _____ DATE _____

The completed form must be returned to:

The Chief Executive Officer
C.A.I Pension Fund
13th Floor, Causeway Building
3rd Street/Central Avenue
P.O Box CY 1067, Causeway
Harare
Email Address: info@caipensions.co.zw